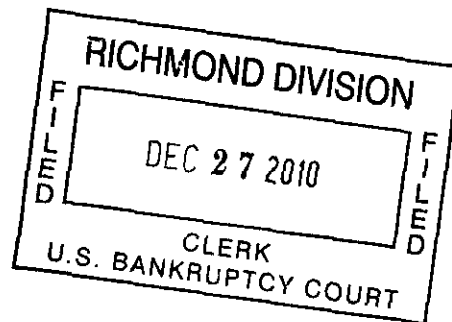


Daphne A. Ward
12646 Willow View Place
Waldorf, Maryland 20602

Pro Se



**UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Richmond Division**

In re:)	Chapter 11
)	
CIRCUIT CITY STORES, INC., <i>et al.</i> ,)	Case No. 08-35653
)	
Debtors.)	Jointly Administered
_____)	

ADMINISTRATIVE EXPENSE REQUEST OF DAPHNE A. WARD

I, Daphne A. Ward, hereby submit my Administrative Expense Request to Circuit City Stores, Inc., and in support state as follows:

Background

1. On November 10, 2008 (the "Petition Date"), Circuit City Stores, Inc. (the "Debtor") filed a voluntary petition for relief under chapter 11 of the United States Bankruptcy Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the Eastern District of Virginia (the "Court").

2. Both prior to and after the Petition Date, Daphne Ward (the "Insured") was insured through Circuit City's self-funded health insurance plan with Empire Blue Cross Blue Shield (the "Insurer") which was administered by Empire HealthChoice Assurance, Inc. (the "Administer") The coverage was effective as of March 1, 2003 through March 1, 2009 under Identification Number CCX83680267 and Group Number 294800 CCX.

3. On December 19, 2008 and February 2, 2009, Anthem UM Services, Inc. (the "Agent"), a licensed utilization review agent that performed utilization management services on behalf of the Insurer and the Administer authorized the Insured to have medically necessary weight loss surgery at George Washington University Hospital ("GWU") 900 23rd Street, NW, Washington, D.C. 20037 to be performed by Joseph Afram, MD ("Afram") of the Center for Obesity Surgery, 1011 New Hampshire Avenue, NW, Washington, D.C. 20037 under the Agent's reference number 0002078839.

4. On February 3, 2009 the Insured had weight loss surgery performed at GWU by Afram. The Insured was discharged from GWU on February 5, 2009.

5. On June 25, 2009 the Insurer issued a payment in the amount of \$1,357.68 to Afram for performing the weight loss surgery on February 3, 2009 at GWU.

6. On July 28, 2010 the Insured received a bill from GWU in the amount of \$31,693.75 for dates of service from February 3, 2009 through February 5, 2009.

7. On June 7, 2010 the Insured received a bill from Medical Faculty Associates ("MFA"), 2021 K Street, NW, Suite 600, Washington, DC 20006 in the amount of \$2,520.00 for the anesthesia provided on February 3, 2009.

8. The surgery performed on the Insured on February 3, 2009 was the responsibility of the Debtor's self-funded health insurance plan for employees and families of the Debtor.

9. The unpaid amounts due and owing to GWU and MFA for medical services rendered on February 3, 2009 through February 5, 2009 total \$34,213.75 (the "Administrative Claim").

10. A copy of letter from Insurer detailing effective dates of coverage for Insured is attached hereto as Exhibit A. Copies of the Agent's authorizations for weight loss surgery are

attached hereto as Exhibit B. Copies of GWU and MFA's invoices reflecting the unpaid charges related to the surgery and hospital stay of February 3, 2009 through February 5, 2009 are attached hereto as Exhibit C. As of the date hereof, GWU nor MFA have received any payments for the surgery authorized by Debtor's self-funded health insurance plan.

Relief Requested

11. Pursuant to section 503(b)(1)(A) of the Bankruptcy Code, Daphne A. Ward is entitled to the allowance of an administrative claim for the surgery authorized by Debtor's self-funded health insurance plan. Accordingly, Daphne A. Ward respectfully requests that the Debtor allow the Administrative Claim, and promptly pay GWU in the amount of \$31,693.75 and MFA in the amount of \$2,520.00.

12. Section 503(b) of the Bankruptcy Code provides that an administrative claim shall be allowed for the "actual, necessary costs and expenses of preserving the estate." 11 U.S.C. § 503(b)(1)(A). Courts generally apply a two-part test to determine whether a claimant is entitled to an administrative expense: "(1) the claim must arise out of a post-petition transaction between the creditor and the debtor-in-possession (or trustee) and (2) the consideration supporting the claimant's right to payment must be supplied to and beneficial to the debtor-in-possession in the operation of the business." Devan v. Simon DeBartolo Group, L.P. (In re Merry-Go-Round Enters., Inc.), 180 F.3d 149, 157 (4th Cir. 1998) (quoting In Re Stewart Foods, Inc., 64 F.3d 141, 145 n.2 (4th Cir. 1995)); In re Baseline Sports, Inc., 393 B.R. 105, 130 (Bankr. E.D. Va. 2008).

13. The two-part test is readily satisfied in this instance as the Administrative Claim arises from the benefits provided to the Debtor's employees who continued their employment postpetition to operate the Debtor, enabling the Debtor to generate revenues for the benefit of its

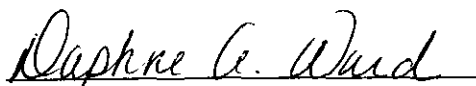
operations and the Debtor's prepetition creditors. Accordingly, the Insured is entitled to an administrative claim on account of the Administrative Claim.

Conclusion

WHEREFORE, Daphne A. Ward respectfully requests that the Court allow the Administrative Claim in the amount of \$34,213.75.

Dated: December 22, 2010

Respectfully submitted,

A handwritten signature in cursive script, reading "Daphne A. Ward", is written over a horizontal line.

Daphne A. Ward
12646 Willow View Place
Waldorf, Maryland 20602

Pro se

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 22nd day of December 2010, I served a copy of the foregoing Administrative Expense Request of Daphne A. Ward via first class mail, postage prepaid, on the following:

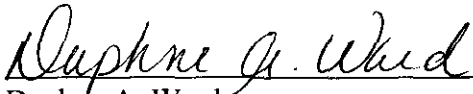
Clerk of Court
United States Bankruptcy Court
701 East Broad Street, Suite 4000
Richmond, Virginia 23219

Lynn L. Tavenner, Esq.
Paula S. Beran, Esq.
TAVENNER & BERAN, PLC
20 North Eighth Street, 2nd Floor
Richmond, Virginia 23219

Richard M. Pachulski, Esq.
Jeffrey N. Pomerantz, Esq.
Andrew W. Caine, Esq.
PACHULSKI STANG ZIEHL & JONES LLP
10100 Santa Monica Boulevard, 11th Floor
Los Angeles, California 90067-4100

Robert J. Feinstein, Esq.
John Morris, Esq.
PACHULSKI STANG ZIEHL & JONES LLP
780 Third Avenue, 36th Floor
New York, New York 10017-2024

Office of the United States Trustee for the
Eastern District of Virginia
Attn: Robert B. Van Arsdale
701 East Broad Street, Suite 4304
Richmond, Virginia 23219


Daphne A. Ward
12646 Willow View Place
Waldorf, Maryland 20602

001053
#BMNCQXF
#NYL0000100000009#
BURNIS A WARD
12646 WILLOW VIEW PLACE
WALDORF MD 20602

February 16, 2010

ID#: 83680267
Inquiry#: 02131075271201

Dear Mr. Ward:

This letter is to certify that Burnis and Daphne Ward were covered under the PPO plan , which is administered by Empire HealthChoice Assurance, Inc.. Coverage was effective as of 03/01/2003 and cancelled 03/01/2009.

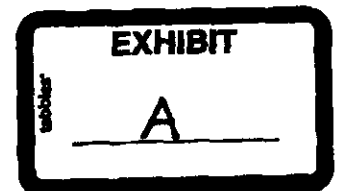
Should you have any questions, please contact us at the above telephone number. Our representatives are available Monday through Friday.

Sincerely,

Lisa Veling

Lisa Veling
Customer Service Representative
Circuit City Service Center

NCCX



Anthem UM Services, Inc.

DATE: February 02, 2009

DAPHNE WARD
12646 WILLOW VIEW PL
WALDORF MD 20602

Note for Spanish-speaking recipients - Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

IDENT. NUMBER: 83680267-01
PATIENT: Daphne Ward
REFERENCE NO: 0002078839
CONTRACT: PPO

DEAR GEORGE WASHINGTON UNIV HOSP:

SERVICE REQUEST: APPROVED

I'm pleased to inform you that based on the information received, the below request(s) have been approved. Daphne Ward has been approved for admission to George Washington Univ Hosp. Approval is for the following service(s) to be performed by Joseph Afram MD. Initial approval is for 2 day(s) from 02/03/2009 through 02/04/2009.

REFERENCE#	SERVICE CODE
0002078839-001	43846

43846 - GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHORT LIMB ROUX-EN-Y GASTROENTEROSTOMY

Using evidence-based criteria, the procedure(s) described above is considered to be medically necessary. However, this authorization is not a guarantee of payment; coverage is subject to all of the terms and conditions of the member's contract.

Payment for the service(s) described above will be denied if any of the following are established: the member/newborn was not eligible/enrolled for coverage at the time the services were rendered; the services are not covered benefits under the member's contract; the condition for which services have been provided or proposed is a pre-existing condition excluded from coverage; or some significant information provided in order to make the determination of medical necessity was omitted or misrepresented. The requested services pre-authorized might exceed the limits of the member's contract and would therefore not be covered.

You must contact this office in either of the following situations:

1. The above admission date has changed and/or additional days are required. This will help ensure a timely review and avoid the possibility of any decrease in benefits.

EXHIBIT

B

2. Additional non emergency procedures are performed. You will need to obtain the necessary authorization for the procedure. These procedures include, but are not limited to cosmetic, reconstructive or plastic surgery.

For any eligibility or benefit questions, please contact Provider Services. The member should call the number on the back of his or her ID card. Thank you for your assistance in this matter.

Sincerely,
The Medical Management Department

SU0001 - INPT SURG - 799

CC: DAPHNE WARD
JOSEPH AFRAM MD



Anthem UM Services, Inc.

DATE: December 19, 2008

DAPHNE WARD
12646 WILLOW VIEW PL
WALDORF MD 20602

Note for Spanish-speaking recipients - Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al numero de servicio al cliente que aparece al dorso de su tarjeta de identificacion o en el folleto de inscripcion.

IDENT. NUMBER: 83680267-01
PATIENT: Daphne Ward
REFERENCE NO: 0002078839
CONTRACT: PPO

DEAR GEORGE WASHINGTON UNIV HOSP:

SERVICE REQUEST: APPROVED

I'm pleased to inform you that based on the information received, the below request(s) have been approved. Daphne Ward has been approved for admission to George Washington Univ Hosp. Approval is for the following service(s) to be performed by Joseph Afram MD. Initial approval is for 2 day(s) from 02/10/2009 through 02/11/2009.

REFERENCE#	SERVICE CODE
0002078839-001	43846

43846 - GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHORT LIMB ROUX-EN-Y GASTROENTEROSTOMY

Using evidence-based criteria, the procedure(s) described above is considered to be medically necessary. However, this authorization is not a guarantee of payment; coverage is subject to all of the terms and conditions of the member's contract.

Payment for the service(s) described above will be denied if any of the following are established: the member/newborn was not eligible/enrolled for coverage at the time the services were rendered; the services are not covered benefits under the member's contract; the condition for which services have been provided or proposed is a pre-existing condition excluded from coverage; or some significant information provided in order to make the determination of medical necessity was omitted or misrepresented. The requested services pre-authorized might exceed the limits of the member's contract and would therefore not be covered.

You must contact this office in either of the following situations:

1. The above admission date has changed and/or additional days are required. This will help ensure a timely review and avoid the possibility of any decrease in benefits.

2. Additional non emergency procedures are performed. You will need to obtain the necessary authorization for the procedure. These procedures include, but are not limited to cosmetic, reconstructive or plastic surgery.

For any eligibility or benefit questions, please contact Provider Services. The member should call the number on the back of his or her ID card. Thank you for your assistance in this matter.

Sincerely,
The Medical Management Department

SU0001 - INPT SURG - 2523

CC: DAPHNE WARD
JOSEPH AFRAM MD



PATIENT SERVICES PROVIDED

Document Page 11 of 15

ACCOUNT SUMMARY

PREVIOUS BALANCE	15,763.12
07/27/10 BLUE CROSS SECONDARY	15,608.13
07/27/10 BLUE CROSS SECONDARY	322.50

Patient Name	WARD, DAPHNE
Account Number	115434722
Due Date	08/15/10
Admit Date	02/03/09
Discharge Date	02/05/09
Statement Date	07/28/10
Balance Forward	31,693.75

MESSAGE:

ANY INSURANCE BALANCES HAVE BEEN
RESOLVED AND THE REMAINING BALANCE IS
NOW DUE FROM YOU.

CONTACT US

For questions concerning this statement, please
contact us at 866-772-7353 between the hours of
8:30AM and 5:00PM EST, Monday - Friday, or email us
at: cs.atlcbo@uhsinc.com.

ON LINE PAYMENT OPTION:


If you would like to make an on-line payment to your account, visit us at
<http://www.gwhospital.com> and follow the instructions to pay on-line

PLEASE PAY THIS AMOUNT

31,693.75

667-UHSSTM-614422-758592632-P; 3588220-1-197; 30702943-1; 1

PO BOX 3475 Cust:UHS
TOLEDO, OH 43607-0475



STATEMENT DATE: 07/28/10
DUE DATE: 08/15/10



Please check box if address or insurance information
has changed and indicate changes on reverse side

PATIENT

WARD, DAPHNE

115434722

31,693.75

\$

197 01
DAPHNE WARD
12646 WILLOW VIEW PL
WALDORF, MD 20602-1422



REMIT AND MAKE PAYMENT TO:
G W UNIVERSITY HOSPITAL
PO BOX 31001-0827
PASADENA, CA 91110-0827



EXHIBIT

C

0001154347220000000316937599999997000000007218

PO BOX 69
COLUMBUS OH 43216



#BWNDVGT *****AUTO**MIXED AADC 430
#030960374004# 30 0008842
DAPHNE WARD
12646 WILLOW VIEW PL
WALDORF MD 20602-1422



December 7, 2010



Client Name: GEORGE WASHINGTON UNIV HOSPITAL

Total Due: \$31693.75

Patient Number

Patient Name

Service Date

Balance

000115434722

DAPHNE WARD

02/05/09

\$31693.75

Your past due account for the amount shown above has been placed with this office for payment. Please contact our office to make arrangements for paying the account balance.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion of it, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request of this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor. This communication from a debt collector is an attempt to collect a debt and any information obtained will be used for that purpose.

For flexible payment options please visit our website at: www.cbcspayments.com
Use the following Access Code to log in: 2.67364867.527

You may contact us at: **1-888-547-5354**

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

RETURN THIS PORTION WITH YOUR PAYMENT

Make Payment To:

DAPHNE WARD
Account #: 03-96037400
Balance: \$31693.75
GEORGE WASHINGTON UNIV HOSPITAL

30

CBCS
PO BOX 163250
COLUMBUS OH 43216-3250

IF PAYING BY VISA OR MASTERCARD, FILL OUT BELOW		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE	PHONE # (with area code)	

0309603740003169375

MEDICAL FACULTY ASSOCIATES

Document

Page 13 of 15

Medical Faculty Associates
2021 K Street, NW, Suite 600
Washington, DC 20006



GWU Patient Online - new services now

online
Want to request an Appointment? Or request a Prescription Refill? Or perhaps view your account balance and make a payment? GWU Patient Online provides a reliable, secure, 24/7 access to interact with your healthcare provider and to address your individual health issues.

REGISTER AT: <https://mfapol.mfa.gwu.edu/GWUWeb/IDXPOL/PSLoginGWU.asp>

TAX ID: 522220700

Statement Date

06/07/2010

DAPHNE WARD
12646 WILLOW VIEW PL
WALDORF, MD 20602-1422

Your Physician Statement

Page: 1 of 2

About Your Statement

Thank you for choosing Medical Faculty Associates for your health care needs. This is a statement of your account for services provided by our physicians. Detailed information on each service rendered can be found on the following pages. The balances due for each service are added together to arrive at the total amount due from you.

Please send payment in full for \$2,520.00 by 06/22/2010.

If you have any questions, please call us at 1-202-741-3560. Our patient account representatives are available Monday through Friday from 9am to 4pm EST. Written inquiries should be sent to: Medical Faculty Associates, 2021 K Street, NW, Suite 600, ATTN: Customer Service, Washington, DC 20006.

Account Summary

Account Number	1266792
Patient Payments (Last 30 Days)	
Total Account Balance	\$2,520.00
Charges Pending With Insurance	\$0.00
Amount Due	\$2,520.00

Insurance Information

Please confirm that information is correct.

PRIMARY

Insurance CAREFIRST NCA #21

Group/Plan

SECONDARY

Insurance CAREFIRST NCA 2ND #221

Group/Plan

Please See Reverse Side For Account Detail >>>

PLEASE RETURN WITH PAYMENT. DO NOT TRASH CHECK TO STUB.

MEDICAL FACULTY ASSOCIATES Statement Date: 06/07/2010

☐ Check here if your address or insurance information has changed.
Please indicate changes on the back of this page

To pay by credit card: For your convenience, you may pay by Visa, MasterCard, or American Express. Please indicate your credit card preference, provide the account information, and sign below.



Account No. _____

Expiration Date _____

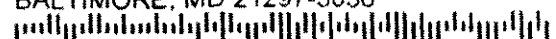
Signature X _____

Security code from back of card _____

Patient Name	Account Number	Date Due
Daphne Ward	1266792	06/22/2010
Amount Due	Amount Enclosed	
\$2,520.00	\$	

MAKE CHECKS PAYABLE TO:

GWU-MEDICAL FACULTY ASSOCIATES
PO BOX 37056
BALTIMORE, MD 21297-3056



Statement Date

06/07/2010

Account Number

1266792

Page: 2 of 2

Patient Statement For Daphne Ward

A summary of services, charges, claims and payments is provided below

Please keep this page for further reference

Summary of Services and Amounts Due

Invoice Number: 11555967

Provider: Phuc Nguyen MD

Ordering Doctor: Joseph Afram MD

Service Date: 02/03/2009

Location: George Washington U Hosp

Services and Charges

02/03/2009 AN43846 AN43846 GASTRIC RESTRICTIVE PRO 2520.00

Claims and Payment Activity

03/09/2009 Blue Shield Payment

Payment 0

Adjustment 0

05/28/2010 Blue Shield Payment

Payment 0

Adjustment 0

Total Charges \$2,520.00

Amount Due Now For This Service \$2,520.00

Change of Patient/Guarantor Information

New Address	City	State	Zip Code	New Phone #
Is this your Primary or Secondary insurance? (Circle one)				
PRIMARY		SECONDARY		
Policy Holder (as it appears on the insurance card)	Policy/Identification #	Group #	Date of Birth	Coverage Effective Date
Group Name or Policy Holder's Employer/Union		Insurance Company Name		
Insurance Company Claim Address		Insurance Company Phone Number		



**JP Recovery
Services, Inc.**



22435053 302 3137 1 14
DAPHNE WARD
12646 WILLOW VIEW PL
PLACE
WALDORF MD 20602-1422

XX

We are debt collectors. This is an attempt to collect a debt and any information obtained will be used for that purpose.

JP RECOVERY SVCS INC.
PO BOX 16749
ROCKY RIVER OH 44116-0749

00115559670002520009